

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040858

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 1 1962

Primary Registration District No.

1003

Registrar's No.

10235

STATE FILE NUMBER

VS 300
Rev. 4/59

1

240173

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64-0

64

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

1 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY OR TOWN Breckenridge Hills

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3229 Wismer RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Frank

Middle

E

Last

Weatherly

4. DATE OF DEATH

Month

October

Day

24

Year

1962

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-28-19119. AGE (last birthday)
51IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman10b. KIND OF BUSINESS OR INDUSTRY
Commercial Life Insurance Co11. BIRTHPLACE (City and state or country)
Paris, Tennessee12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Robert Weatherly

13b. MOTHER'S MAIDEN NAME

Leona Bacun

14. NAME OF HUSBAND OR WIFE

Eleanor M. Weatherly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes 2nd World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Eleanor M. Weatherly, 3229 Wismer Rd

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar artery thrombosis

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis, cerebral

years

DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/1/62 to 10/24/62 and last saw him alive on 10/24/62
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herman J. Rodman M.D.

22b. ADDRESS

2428 Woodson, Overland Mo

22c. DATE SIGNED

10/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Oct. 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Lake Charles Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

10-26-1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

E. W. Hays

Licensed Embalmer No. _____

W 3737

P. O. Address _____

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.